

# 2009 GOOD WORKS INDIANA STRENGTHENING FAMILIES GRANTS APPLICATION

**PURPOSE:** Good Works Indiana seeks to encourage the full energy of the State of Indiana to enhance the community building work of faith-based organizations, neighborhood associations and other value-shaping institutions – the organizations that are uniquely designed to support families, provide activities for children and strengthen community renewal. Grants will be made through the Good Works Indiana Strengthening Families Fund (GWIN-SFF) to support employment related services for low-income families with children. Suggested services can include: Transportation assistance to employed families, after school care to employed families, and employment and training services. Grant recipients agree to adhere to TANF (Temporary Assistance to Needy Families) per Federal guidelines.

LIMITS: Reimbursable Grants will range from \$5,000 - \$10,000

**ELIGIBILITY:** Any State of Indiana community-based/faith-based organizations providing services intended to assist low income families in job readiness, job maintenance or enhancement. Diversity of organizations and existing state funding are factors. An organization that currently uses extensive state funding is strongly encouraged to partner with another that does not.

**APPLICATION DEADLINES:** April 15 / June 15 / August 15

\*Applications must be postmarked by these dates! Incomplete applications will not be considered.

**AWARDS GRANTED:** May / July / September

\*The first reimbursement allocation will occur after the first **completed** report is received. Completed reports must include a summary of the grant project(s), related marketing materials, detailing of significant events, and photos of project activities. All subsequent allocations must be preceded by completed reports.

The Good Works Indiana Strengthening Families Fund is administered by the Office of Faith-based and Community Initiatives. Please mail **1 copy** of the completed application and attachments to:

The Office of Faith-based and Community Initiatives 302 West Washington Street, RM E012 Indianapolis, IN 46204

For further information or assistance, please call Derek Trovillion at 317-234-4031.



### **GWIN-SF GRANTS WILL NOT BE AWARDED FOR THE FOLLOWING:**

- Applications non-compliant with Federal TANF guidelines
- Individuals applying or having a direct benefit
- Funds used as debt relief
- Medical assistance of any kind
- Programs or activities without logical or direct employment support for low income families
- Cash assistance of any kind cash, payments, vouchers, or any other form of payment designed to meet a family's on-going basic needs (i.e. for food, clothing, shelter utilities, household goods, personal care needs and general incidental expenses)
- Strictly social events
- Incomplete/Inaccurate applications
- Funds that have no direct impact (i.e. funding part of \$3 million project)
- Salaries
- Administrative costs exclusively
- Physical improvements to property

Note: OFBCI accepts one proposal per organization per quarter. OFBCI awards one grant per year per organization.



# **Instructions**

Please read the application very carefully. You must respond to ALL items on the application. Incomplete applications will not be accepted. In addition to the information requested, please provide brochures, pamphlets, media articles or other materials describing your organization or program. Letters of support from collaborating agency and community leaders also will be accepted.

I. BACKGROUND INFORMATION	N .	
County		
Name of Organization:		
Contact Person/Title:		
Address:	City	State
Zip: Telephone:	E-MAIL:	
Is your organization a recipient o	of an AmeriCorps*State grant?	_
Is your organization a recipient o	of an Access to Recovery (ATR) gra	nt?
*FOR THE FOLLOWING QUESTION	NS, PLEASE ANSWER ON ADDITION	IAL PAPER:
QUESTION 1: Please describe yo	our organization's mission, visio	on, and objectives.
	000-\$10,000 micro-grant assist yes? (Please be as detailed as nec	our agency's ability to provide essary and include tangible fund
QUESTION 3: How many additional served as a result of this micro-	onal families <i>(as a percentage al</i> grant?	nd actual numbers) would be
QUESTION 4: How would you s	ustain your program after an ini	itial micro-grant funding?
QUESTION 5: Please describe yo	our measureable outcomes and	plan of evaluation?



# **GRANT REQUEST**

Using the form below provide a detailed line-item budget indicating the <u>specific</u> use of GWIN-SF funds requested and how these funds will be used to support employment related services for low-income working families.

#### **BUDGET**

Item	Grantee	GWIN-SF Grant	Other Support	Total

### **BUDGET JUSTIFICATION**

Line Item	Justification
Total Project Cost:	<u> </u>
Amount Requested:	
CICNIATUDE.	
Total Project Cost: Amount Requested: SIGNATURE:	



# Good Works Indiana Strengthening Families Grant (GWIN-SF) Application Checklist

**Submit ONE MASTER COPY** of your proposal **only** including items 1-5 <u>in the order listed</u>. Check off items provided below. **Please staple this checklist to the top of the master copy.** 

1.	background informat	completed application. A complete application includes the ion page, grant request summary (with signature in <b>blue ink</b> data, program budget, and supporting letters of endorsement.				
2.	Detailed budget of the	Detailed budget of the described program. Any bids/quotes/estimates (in writing) that substantiate your request.				
3.		ration/letters (no more than 3) of endorsement (i.e. letter from sociation, local congregation, local business, etc.).				
4.	Articles of Incorporation and/ or By-Laws; IRS ruling if tax exempt.					
5.	Board list with names/ addresses/ officers.					
	SUBMIT PROPOSAL TO:	Attn: Derek Trovillion The Office of Faith-based and Community Initiatives				

Indianapolis, IN 46204

302 West Washington Street, RM E012